05-01 Approved for use through 04/30/2009. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
the Paperwork Reduction Act of 1995. no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/559,159 TRANSMITTAL Filing Date June 7, 2004 First Named Inventor **FORM** Peter Kaever Art Unit 3644 **Examiner Name** J. Sanderson (to be used for all correspondence after initial filing) Attorney Docket Number 10034.541 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC **V** Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information **Provisional Application** After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): **Extension of Time Request** Marked Up Specification (29pp); Substitute Request for Refund **Express Abandonment Request** Specification (27pp) CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name SMITH LAW OFFICE Signature

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Reg. No.

33455

Printed name

Date

Jeffry W. Smith

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



## EXPRESS MAIL LETTER

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Kaever, et al.

Int'l Filing Date:

June 7, 2004

Application No.:

10/559,159

For:

METHOD AND DEVICE FOR MILKING AN ANIMAL

Docket No.:

10034.541

Express Mail No.:

EM414331754US

Date of Deposit:

April 30, 2009

I hereby certify that these attached documents

- > Response postcard
- > Check in the amount of \$1110.00
- > PTO/SB 21 (1p)
- > PTO/SB 17 (1p) and 1 copy
- > PTO/SB 22 (1p) and 1 copy
- > Amendment (18pp)
- > Replacement Drawings (3 sheets)
- Marked Up Specification (29pp)
- > Substitute Specification (27pp)

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 35 C.F.R. §1.10 on the date indicated above and is addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.

(Jeffry W. Smith, Reg. No. 33455)

Enclosed for filing please find the above-referenced documents. Please indicate receipt of these documents by returning the attached postcard with the official Patent and Trademark Office receipt stamped thereon.

Respectfully submitted,

Jeffry W. Smith, Reg. No. 33455

Attorney for Applicant SMITH LAW OFFICE

8000 Excelsior Drive, Suite 301

Madison, WI 53717

(608) 824-8300

PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

aperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

| TRADES   | Complete if Known               |                                     |                   |  |            |                      |                         |                       |  |
|--|---------------------------------|-------------------------------------|-------------------|--|------------|----------------------|-------------------------|-----------------------|--|
| Fees pursuant to the Consolid  |                                 |                                     | . '               | Application Num  | ber 1      | 10/559,159           | )                       |                       |  |
| FEE TR   | ┕╙                              | Filing Date                         |                   | June 7, 2004   |            |                      |                         |                       |  |
| Fo   |                                 | First Named Inventor                |                   | Peter Kaever   |            |                      |                         |                       |  |
| Applicant claims small entity status. See 37 CFR 1.27  |                                 |                                     |                   | Examiner Name  |            | J. Sanderson         |                         |                       |  |
| Applicant claims small   | _                               | Art Unit                            | 3644              | 44   |            |                      |                         |                       |  |
| TOTAL AMOUNT OF PAY  |                                 | Attorney Docket No. 10034           |                   |  | 34.541     |                      |                         |                       |  |
| METHOD OF PAYMEN   | IT (check al                    | that apply)                         |                   |  |            |                      |                         |                       |  |
| ✓ Check Credit   | Card D                          | Money Order                         | None              | e Other (pl  | lease ider | ntify):              |                         | ·                     |  |
| ✓ Deposit Account Deposit Account Number: 50-2911 Deposit Account Name: SMITH LAW OFFICE   |                                 |                                     |                   |  |            |                      |                         |                       |  |
| For the above-ident  | tified deposit                  | account, the Director               | is here           | eby authorized to:   | (check a   | all that apply       | <b>(</b> )              |                       |  |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee   |                                 |                                     |                   |  |            |                      |                         |                       |  |
| Charge any additional fee(s) or underpayments of fee(s)  |                                 |                                     |                   |  |            |                      |                         |                       |  |
| under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |                                 |                                     |                   |  |            |                      |                         |                       |  |
| FEE CALCULATION  |                                 |                                     |                   |  | _          |                      |                         |                       |  |
| 1. BASIC FILING, SEA   | RCH, AND                        | EXAMINATION FE                      | ES                |  |            |                      |                         |                       |  |
|  | INATION I                       |                                     |                   |  |            |                      |                         |                       |  |
| Application Type   | Fee (\$)                        | Small Entity<br>Fee (\$) F          | ee (\$)           | Small Entity<br>Fee (\$)                                   | Fee (      | Small E<br>\$) Fee ( |                         | Fees Paid (\$)        |  |
| Utility  | 330                             | 165                                 | 540               | 270  | 220        | 110                  |                         |                       |  |
| Design   | 220                             | 110                                 | 100               | 50   | 140        | 70                   |                         | <u></u>               |  |
| Plant  | 220                             | 110 3                               | 330               | 165  | 170        | 85                   |                         |                       |  |
| Reissue  | 330                             | 165                                 | 540               | 270  | 650        | 325                  |                         |                       |  |
| Provisional  | 220                             | 110                                 | 0                 | 0  | 0          | 0                    |                         |                       |  |
| 2. EXCESS CLAIM FE   | ES                              |                                     |                   |  |            | En                   |                         | Small Entity          |  |
| Fee Description Each claim over 20 (   | including R                     | eissnes)                            |                   |  |            |                      | <del>) (\$)</del><br>52 | <u>Fee (\$)</u><br>26 |  |
| Each independent cl  |                                 |                                     | 3)                |  |            |                      | 20                      | 110                   |  |
| Multiple dependent   | ,                               |                                     |                   | 3  | 90         | 195                  |                         |                       |  |
| <u>Total Claims</u>  | <u>Mul</u>                      | tiple Dep                           | endent Claims     |  |            |                      |                         |                       |  |
| 20 or HP =   |                                 | x=                                  |                   |  |            | <u>Fe</u>            | e (\$ <u>)</u>          | Fee Paid (\$)         |  |
| HP = highest number of total   | al claims paid fo<br>Extra Clai |                                     | Fee               | Paid (\$)  |            |                      |                         |                       |  |
| 3 or HP =  |                                 | x=                                  |                   |  |            |                      |                         |                       |  |
| HP = highest number of inde  3. APPLICATION SIZE   | •                               | s paid for, if greater than         | 3.                |  |            |                      |                         |                       |  |
| If the specification and   | d drawings                      |                                     |                   |  |            |                      |                         |                       |  |
|  |                                 | ), the application si               |                   |  |            | small enti           | ty) for e               | ach additional 50     |  |
| sheets or fraction t<br><u>Total Sheets</u><br>- 100'=   | hereof. See<br>Extra She        | 35 U.S.C. 41(a)(1)<br>ets Number of | )(G) a<br>of each | and 37 CFR 1.16<br>n additional 50 o<br>_ (round up to a w | r fractio  |                      | <u>Fee (\$</u>          | <u>Fee Paid (\$)</u>  |  |
| 4. OTHER FEE(S) Non-English Specif   | ication, \$                     | 130 fee (no small er                | ntity d           |  |            |                      |                         | Fees Paid (\$)        |  |
| Other (e.g., late filir  |                                 | e): <u>Three Month Exten</u>        | sion o            | f Time   |            |                      |                         | 1110.00               |  |
| SUBMITTED BY   |                                 |                                     |                   |  |            |                      |                         |                       |  |
| Signature  | / ()                            | 5-11.                               | F                 | Registration No. 3:  | 3455       | Ī                    | elephone                | 608-824-8300          |  |
| Name (Print/Type) Jeffry W.  | Smith                           |                                     |                   | Attorney/Agent) 3  | U-100      |                      | ate /                   |                       |  |
| value (Fillio Type) Jenry VV.  | Jinui                           |                                     |                   |  |            |                      |                         | pril 30 W09           |  |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

APR 3 0 2009

| Under the Paperwork Red                                | uction Act of 199                  | 5_no persons are requ                         | uired to resp | U.S. Paten                      | t and Trader   | mark Office | THE DEL       | PARTMENT OF COMMER<br>a valid OMB control number |
|--|------------------------------------|---|---------------|---------------------------------|----------------|-------------|---------------|--|
| PADEMAN EN   | fective on 12/08/                  |   |               |                                 | Co             | omplete     | if Know       | 'n   |
| Fees pursuant to the Cons                              |                                    | ·   |               | Application Nur                 | nber 1         | 0/559,15    | 9             |  |
| FEE  | KANS                               | SMITTA  | \L [          | Filing Date                     | Jı             | une 7, 20   | 04            |  |
| F  |                                    | First Named Inv                               | ventor P      | Peter Kaever                    |                |             |               |  |
| [] Applicant plains on                                 |                                    | Examiner Name                                 | e J.          | J. Sanderson                    |                |             |               |  |
| Applicant claims sn                                    |                                    | Art Unit                                      | 3(            | 3644                            |                |             |               |  |
| TOTAL AMOUNT OF PA                                     | AYMENT (\$                         | ) 1110.00                                     |               | Attorney Docke                  | t No. 10       | 0034.54     |               |  |
| METHOD OF PAYME  | NT (check a                        | li that apply)                                |               |                                 |                |             |               |  |
| ✓ Check Cred   | it Card                            | Money Order                                   | None          | Other (                         | please ident   | tify):      |               |  |
| Deposit Account  |                                    | •   |               | Deposit A                       |                |             | H LAW         | OFFICE   |
|  |                                    | account, the Direct                           |               | •                               |                |             |               | · · · · · · ·                                    |
| Charge fee   | e(s) indicated b                   | elow  |               | Cham                            | e foo(s) in    | dicated b   | olow eve      | ept for the filing fee                           |
|  |                                    | e(s) or underpayme                            | nts of fee(   | , <del>–</del>                  | • • •          |             | CIUW, BAC     | ept for the filling fee                          |
| under 37 C   | FR 1.16 and 1                      | .17   | `             | , A Clean                       | t any over     | . •         |               |  |
| WARNING: Information on<br>information and authorizati | this form may b<br>ion on PTO-2038 | ecome public. Credi<br>3.                     | t card infor  | mation should n                 | ot be includ   | ded on this | form. Pr      | ovide credit card                                |
| FEE CALCULATION  |                                    |   |               | •                               |                |             |               |  |
| 1. BASIC FILING, SE                                    | ARCH, AND                          | EXAMINATION                                   | FEES          |                                 |                |             |               |  |
| •  | FILING                             | FEES  | SEARC         | H FEES                          | EXAMI          | NATION      |               |  |
| Application Type                                       | Fee (\$)                           | Small Entity<br>Fee (\$)                      | Fee (\$)      | Small Entity<br>Fee (\$)        | <u>Fee (\$</u> | Small E     |               | Fees Paid (\$)                                   |
| Utility  | 330                                | 165   | 540           | 270                             | 220            | 110         |               |  |
| Design   | 220                                | 110   | 100           | 50                              | 140            | 70          |               | <del></del>                                      |
| Plant  | . 220                              | 110   | 330           | 165                             | 170            | 85          |               |  |
| Reissue  | 330                                | 165   | 540           | 270                             | 650            |             |               |  |
| Provisional  | 220                                | 110   | 0             | 0                               | 0.50           | 325         |               |  |
| 2. EXCESS CLAIM F                                      |                                    | 110   | U             | U                               | U              | 0           |               | Small Entity                                     |
| Fee Description  |                                    |   |               |                                 |                |             | e (\$)        | Fee (\$)   |
| Each claim over 20                                     |                                    |   |               |                                 |                |             | 52            | 26   |
| Each independent                                       |                                    | (including Reissu                             | ies)          |                                 |                |             | 20            | 110  |
| Multiple dependen Total Claims                         | t claims<br>Extra Clai             | ma Faa (\$)                                   | Eas E         | aid (A)                         |                | -           | 90<br>Wata Ba | 195  |
| - 20 or HP   |                                    | <u>ms                                    </u> | = Fee F       | aid (\$)                        |                | _           | e (\$)        | pendent Claims<br>Fee Paid (\$)                  |
| HP = highest number of to                              |                                    | or, if greater than 20.                       |               |                                 | •              |             | <u>,</u>      | - 00 - ana 141                                   |
| Indep. Claims<br>- 3 or HP =                           | Extra Clai                         | <u>ms</u> <u>Fee (\$)</u><br>x                | Fee P         | aid (\$)                        |                |             |               |  |
| HP = highest number of in                              |                                    |   | an 3.         | <del></del>                     |                |             |               |  |
| 3. APPLICATION SIZ                                     | EFEE                               |   |               |                                 |                |             |               |  |
| If the specification a                                 | nd drawings                        | exceed 100 sheet                              | s of pape     | r (excluding e                  | electronic     | ally filed  | sequen        | ce or computer                                   |
| sheets or fraction                                     | thereof See                        | ), the application 35 IISC 41(a)              | (1)(G) or     | 1ue is \$270 (\$<br>437 CED 1-1 | 6(e)<br>6(e)   | maii ent    | ity) for e    | each additional 50                               |
| <u>Total Sheets</u>                                    | Extra She                          | <u>ets</u> <u>Numbe</u>                       | r of each     | <u>additional 50 o</u>          | or fraction    |             | Fee (         | \$) <u>Fee Paid (\$)</u>                         |
| 100  | e                                  | / 50 =  | (             | round up to a v                 | vhole num      | ber) x      |               | =  |
| 4. OTHER FEE(S)  Non-English Spec                      | ification, \$                      | 130 fee (no small                             | entity di     | scount)                         |                |             |               | Fees Paid (\$                                    |
| Other (e.g., late fil                                  |                                    |   |               | •                               |                | _           |               | 1110.00  |
| SUBMITTED BY   |                                    |   |               |                                 |                |             |               |  |
| Signature  | here (a)                           | Sitt  | Re<br>(A      | gistration No. 3                | 3455           | 7           | Telephon      | e 608-824-8300                                   |
| Name (Print/Type) Jeffry V                             | V. Smith                           |   |               |                                 |                | ı           | Date /        | Coril 30 200                                     |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.